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Staff Recruitment and Retention In Community Support Programs: A Ten-State Study

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PREFACE

Some three years ago, the executive director of a new comprehensive community mental health center in the Northwest advertised five case manager positions in his community support program. Of more than 300 applicants for the positions, only two had coursework, field experience, or work experience directly related to the qualifications for the position. Treatment of the psychotic client and exposure to the components of a community support program had, at that time, received almost no attention in professional education in the mental health disciplines. Many state mental health agencies were contending with community mental health center resistance to shifting their priorities toward serving the chronically mentally ill population, and centers who wished to change faced the resistance of staff to this re-focus.

While these problems still exist to some degree, there have been significant changes in the attention given to serving the chronically mentally ill client. This study set out to investigate the recruitment and retention problems of community support programs serving the chronically mentally ill with the expectation that such problems would be very common in the mental health system. Some such problems have been found, especially in psychiatry, and finding staff with training and experience serving the chronically mentally ill is still difficult for many programs. Nevertheless, serious recruitment and retention problems in the programs involved in this study are far less common or serious than we expected at the outset.

The findings of this study are in most respects encouraging. They lend support to the idea that when programs make the job requirements clear and provide adequate incentives they can find staff who want to serve the chronically mentally ill and these staff are able to maintain their enthusiasm and interest despite the problems posed by working with this type of client.

It is also encouraging that many university programs which prepare mental health professionals are beginning to work with CSP providers to include the knowledge, skills, and attitudes found effective in working with the CMI in their graduate curricula. This should expand the pool of appropriately trained professionals for recruitment purposes. The challenge for the future is to secure the additional resources--or shift current resources within the mental health system--to expand the availability of community support systems of care for the chronically mentally ill.

Meredith Davis, Director
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INTRODUCTION

During the past decade, improvement of services to the chronically mentally ill (CMI) has become a major priority of the mental health system at both the national and state levels. In response to this changing emphasis local providers of mental health services, particularly community mental health centers (CMHCs), have developed and implemented new community-based approaches including psychosocial rehabilitation, case management, residential programs, family services, vocational programs, outreach and transportation. Much of the impetus for these improvements in service has come from the efforts of the Community Support Program (CSP), launched in late 1977 by the National Institute of Mental Health (NIMH) to provide federal funds to stimulate states and communities to develop and improve services to the CMI. The CSP model incorporates elements from the medical, rehabilitation and social support models for serving the chronic client, with the realization that any one of these models alone does not meet the needs of this population.

Shortly after the initiation of the CSP at the national level, NIMH began an effort through the Center for State Manpower (now Human Resource) Development to develop capacity in state mental health agencies to solve human resource development problems. A major consideration of human resource development (HRD) programs of state mental health agencies nationwide--particularly in those states which also have CSP programs--has been the development and strengthening of staff for community programs serving the CMI so that personnel with the appropriate knowledge, skills and attitudes are available in these programs. Among the concerns of HRD programs is effective recruitment and retention of local CSP staff in order to help ensure a work force adequate in number and competence to serve this population. This concern is based upon the following assumptions:

(1) Difficulty in recruiting and retaining essential staff is a costly impediment to effective service, creating delays in filling jobs and resulting in positions being filled with people less competent than they need to be;

(2) Effective recruitment, on the other hand, results in new employees with accurate perceptions of their roles and responsibilities, realistic expectations of the employing agency, work environment and personnel practices and with functional competence and motivation to fulfill the job successfully;

(3) Effective strategies for retaining staff begin with and are built upon effective recruitment practices (Smith, 1982).

Although the literature on community treatment of the CMI refers frequently to the problem of attracting and keeping appropriately trained and motivated staff, there is little empirical information available on this subject. Davis (1981) pointed out the difficulty that state hospitals and community programs have in attracting and retaining qualified, dedicated and effective staff for serving the CMI owing to the stigma associated with state hospitals, the long-term nature of the illness, modest treatment gains, and staff frustration due to crisis and regression of clients. She also noted the likelihood that lack of proper criteria for selecting staff and inadequate preparation and training will lead to burnout and turnover. Mendel (1979) described the discomfort mental health professionals feel concerning the chronic patient and the burnout which results from these feelings, noting that many professionals feel that their training is wasted on this type of client. Dunn (1981) pointed out the difficulty of attracting, recruiting, and retaining trained staff to serve the CMI. Frequently mentioned in the literature as problems for staff working with CMI are client dependency, apathy, slow progress, and regressions.

Community treatment of the CMI, including exposure to the treatment components of a CSP program has, until recently, received little attention in higher education programs preparing students to work in the mental health field. For example, in a 1980 survey of faculty in core discipline graduate education programs in NIMH Region X (Washington, Oregon, Idaho, and Alaska), faculty rated their interest and competence in working with the CMI lower than for any other client group or mental health problem. State mental health agencies, furthermore, indicate that one of the barriers to improving services for CMI has been the resistance of CMHCs and their staffs to shifting their priorities to the CMI population. The shift in state priorities in the direction of serving this population without increases in the total amount of funds available for all mental health services means that CMHCs may find it necessary to retrain existing staff to provide services to CMI or dismiss staff who do not have the requisite interest and skills.

Given these difficulties and the lack of empirical data, particularly across states, to provide detailed comparative descriptions of these oft-mentioned recruitment and retention problems, there appears to be a need for studies addressing the interrelated issues of recruitment and retention in local CSP programs.

PURPOSE OF THE STUDY

The overall purpose of this study is to examine, in an exploratory fashion, the problem of staff recruitment and retention and to describe successful strategies used to prevent, reduce or overcome such problems.

More specifically, the objectives of the study are:

1. To determine the extent of staff recruitment and retention problems in community support system programs, identifying types of staff which are difficult to recruit or retain.

2. To identify factors associated with problems of recruitment and retention of staff providing CSP services.

3. To identify strategies which have been successful in preventing or reducing recruitment or retention problems.

4. To determine if CSP staff recruitment and retention problems are greater, less or different than recruitment and retention of staff working with other client groups.

5. To identify characteristics which program administrators look for in staff who serve the CMI.

6. To identify methods which programs use to recruit staff and to determine which of these seems most effective and most preferred.

7. To suggest further research and develop recommendations for action by states, university training programs, local CSP programs and mental health facilities.

METHODS OF STUDY

Selection of States and Local Sites

States surveyed were selected from those which at the time of or prior to the study had a state human resource development (manpower) program funded by the NIMH Center for State Human Resource Development as well as a Community Support Program funded by NIMH. Following consultation with the NIMH Community Support Program and the Center for State Human Resource Development to ensure that the states selected had widely differing characteristics in order to make the study's findings as generalizable as possible, ten states were selected.

Table 1 shows the participating states and the number of programs involved in the study from each of the ten states. Selection of the number of programs from each state was neither random nor highly systematic. The state-level administrators who assisted in selecting the participating local organizations were asked to recommend some which had recruitment and retention problems and others which did not. It was requested that they suggest "about five or six programs," and as Table 1 shows, five programs per state is the modal figure. In states where more than five programs were selected, this occurred at the request or recommendation of state administrators. Where fewer than five programs represent a state, this is due to the need to limit the number of programs interviewed because of time limitations.

Table 1
States Participating in the Study

State	Number of Programs
Arizona	6
Colorado	5
Florida	5
Massachusetts	4
Michigan	5
Minnesota	5
Montana	7
Oregon	8
Utah	4
Wisconsin	5
Total	54

Introductory discussions were held by telephone with state-level CSP and/or human resource development administrators in the

states selected to explain the purpose and objectives of the study. Appendix A contains a list of these contact persons. These state officials were asked to support their states' participation and to recommend sites for the study or to submit a list of possible sites from which the investigator might choose. After receiving lists of organizations and contact persons from the states, the investigator contacted each local program by telephone to explain the study and to request participation. Fifty-four local CSP sites were selected. An attempt was made to include programs with recruitment and retention problems and others without such problems; programs from urban, suburban and rural locations; programs of varying sizes; and programs varying in organizational structure and governance. A list of the participating sites and individuals interviewed appears in Appendix B.

Development of the Questionnaire

In order to determine the questions to be asked of local programs, state HRD directors in two states and a former HRD staff member in a third state were contacted initially to outline study objectives and explore the relationship between HRD and CSP programs at the state level, to discuss general recruitment and retention issues within the states and to explore the type of information local CSP program directors might be expected to provide. An interview protocol for state HRD and CSP directors evolved and a survey form for local CSP sites was developed. Pilot testing of the local questionnaire was done with three local CSP sites before final adoption. The state interview instrument is in Appendix C; the local site questionnaire is found in Appendix D.

Data Collection Procedures

Data collection interviews with local program administrators were conducted by phone and ranged from 30 to 75 minutes duration, with most coming very close to the 45 minutes requested by the investigator when appointments were made. Responses were open-ended, and respondents were encouraged to provide any information they thought relevant to the topic of recruitment and retention which might not have been asked directly during the interview.

In addition to interviews with local CSP program administrators, phone discussions were held with state CSP and HRD directors, where the state still had such positions, or with the state mental health commissioner or a designee. These interviews were about 45 minutes in length and considered the following areas of concern:

1. The relationship between the state HRD and state CSP programs;

2. Any data or impressions the state might have regarding recruitment and retention in local CSP programs;

3. Information regarding programs which did/did not have recruitment and retention problems and perceptions of the factors responsible;

4. Particular strategies which might prevent or reduce recruitment and retention problems;

5. Additional background information which might be helpful in conducting the study or interpreting outcomes.

Characteristics of Local Programs Surveyed

Individual respondents in the study were asked to characterize the organization within which their CSP programs operate. Responses are found in Table 2. The table shows that 43 (80%) of the CSP programs were within community mental health centers, 5 (9%) were within county social services programs other than mental health centers, 4 (7%) were freestanding (other than CMHCs), and 2 (4%) were within hospitals. It should be noted that in some CMHCs there is no distinction between the community support program and the center itself, the entire center being a CSP.

Table 2
Types of Respondent Organization

	Number	Percent
CMHC	43	80
County Social Service (not CMHC)	5	9
Freestanding (not CMHC)	4	7
Hospital	2	4
Total	54	100

Table 3 portrays the governance of organizations participating in the study. Private nonprofit organizations were the predominant form (40 programs, 74%), while 14 programs (26%) were county or multi-county operations.

Table 3
Governance of Respondent Organizations

	Number	Percent
Private Nonprofit	40	74
County-Multicounty	14	26
Total	54	100

Table 4 describes the full-time staff size of respondent programs. Programs varied in size from one full-time staff member to 123 staff, with great diversity in between. While the largest programs were found in large cities, and most of the smallest were in rural areas, relatively small programs also exist within large cities or heavily populated suburban areas.

Table 4
Number and Percent of
Organizations by Staff Size

Staff Size	Number	Percent[a]
1-5	13	24
6-10	9	17
11-20	11	20
21-30	8	15
31-40	3	5
41-50	3	5
51-100	5	9
Greater than 100	2	4
Total	54	99

[a]Percents don't sum to 100% due to rounding error.

Table 5 describes programs by the number of chronically mentally ill served. Again, one is struck by the great diversity in program size which these data portray. It is important to note that due to variations in client definitions, reporting requirements, and nature of services across states, these data are not readily comparable. They are presented here with that caveat to illustrate the diversity of CSP programs nationwide and the wide variety of program types included in this study.

Table 5
Number and Percent of
Organizations by
Number of CMI Served

CMI Clients	Number	Percent
1-50	13	24
51-100	9	17
101-200	11	20
201-400	9	17
More than 400	12	22
Total	54	100

Respondents were asked to characterize their programs by the types of services provided--either directly or by contract or coordination. Table 6 describes those services provided directly by the organizations surveyed. As can be seen in the table, case management, help with client rights, help with client benefits, and instruction in daily living skills are almost universally provided directly by the CSP program. Least often provided directly are general medical services and residential services.

Table 6
Number and Percent of Organizations
Directly Offering Community Support
Program Components

	Number	Percent[a]
Case Management	51	94
Help in Securing Client Benefits and Entitlements	51	94
Protection of Client Rights	50	93
Training in Daily Living Skills	50	93
Outreach	48	89
Vocational, Employability Services	40	80
Involvement of Community	39	72
24-Hr. Crisis Services	39	72
Family Support	38	70
Transportation	38	70
Mental Health Care	36	67
Residential Care	32	59
General Medical Care	13	24

[a] Organizations offering given CSP components directly as a percentage of total organizations responding. Program components are not mutually exclusive.

When we examine the aggregated services provided directly, contracted for and coordinated by the CSP programs, as shown in Table 7, it is apparent that most CSP component services are available through nearly all of the responding programs. All programs provide, contract for or coordinate psychotherapy and other mental health services. Case management, instruction in daily living skills, medical services, 24-hour crisis help, help in securing client rights, help in obtaining benefits, outreach and vocational services are almost universally available. Transportation, assistance to families, and residential services are widely available as well. Community involvement, such as use of volunteers, is the CSP component least commonly in place, but even here 39 programs (72 %) had some level of community participation. Although the mere presence of a service is no indication of its quality, it is certainly noteworthy that the programs surveyed do have a well-developed range of services for the CMI.

Table 7
Number and Percent of Organizations Offering Given CSP Components (Including Contracts and Coordination)

	Number	Percent[a]
Mental Health Care	54	100
Case Management	53	98
Training on Daily Living Skills	53	98
24-Hr. Crisis Services	53	98
General Medical Care	53	98
Protection of Client Rights	51	94
Help in Securing Benefits	51	94
Vocational, Employability Services	51	94
Outreach	50	93
Residential Care	46	85
Transportation	46	85
Family Support	43	80
Involvement of Community	39	72

[a] Organizations offering given CSP components (including Contracts and Coordination) as a percentage of total organizations responding. Program components are not mutually exclusive.

Respondents

It was originally intended that the respondents who provided data for this investigation be the heads of CSP services for their organizations. In practice this did not work out as smoothly as intended, due primarily to organizational idiosyncrasies, differing definitions of a CSP unit and, less frequently, to scheduling difficulties. Respondents are characterized below by position (Table 8) and discipline (Table 9).

As can be seen in Table 8, 33 respondents (61%) were head of services to the CMI for their organizations; 11 respondents (21%) were executive directors of their organizations; 4 respondents were heads of clubhouse programs; and 6 respondents held other positions in the organization. In every case the investigator made an effort to find the individual in the organization who was best informed regarding CSP services for the CMI. In instances where the executive director was the respondent, that individual was also head of CSP services. In cases where a clubhouse director responded, the clubhouse was considered to be the CSP program of the organization or was itself a freestanding program. In cases where some other individual responded, that person was the best-informed individual available for an interview.

Table 8
Number and Percent of
Interview Respondents by Position

	Number	Percent
CMHC Director	10	19
Other Executive Director	1	2
Club House Director	4	7
Head of CMI Services	33	61
Other	6	11
Total	54	100

Table 9 describes respondents by discipline. The preponderance of mental health core disciplines among the respondents is clear. Yet the presence of respondents from other fields is some indication that leadership in CSP services need not necessarily come from the traditional mental health disciplines.

Table 9
Number and Percent of
Interview Respondents
by Discipline

	Number	Percent
Social Work	23	43
Psychology	15	28
Nursing	6	11
Counseling	3	5
Other - Human Service	5	9
Other - Not Human Service	2	4
Total	54	100

FINDINGS OF THE STUDY

Types of Staff Difficult to Recruit and Retain

Objective 1 - To determine the extent of staff recruitment and retention problems in CSP programs, identifying types of staff which are difficult to recruit or retain.

In order to obtain data on the overall extent of recruitment and retention problems two general questions were asked:

1. "Do you have difficulty in recruiting staff for your program?"

2. "Do you have trouble keeping staff once they are hired?"

Table 10 shows the percentage of programs which indicated they do/do not have recruitment or retention problems. Only 9 (17%) of the 54 programs surveyed indicated a general problem with recruitment, while 45 programs (83%) indicated no general recruitment problem. Staff retention posed even fewer problems, with only 5 programs (9%) reporting that they had difficulty keeping staff once they are hired, and 49 programs (91%) reporting no general problem with retaining staff.

Table 10
Number and Percent of Programs Reporting General Recruitment and Retention Problems

	Number	Percent[a]
Recruitment Problems	9	17
Retention Problems	5	9

[a]The number of organizations with problems is a percentage of total organizations responding. Responses are not mutually exclusive.

In spite of the relatively infrequent presence of general problems with recruitment, some programs did experience problems recruiting particular types of staff. Let us turn to these specific problems, summarized in Table 11, beginning with the most widespread and familiar--psychiatry.

Table 11
Number and Percent of Programs
Reporting Recruitment Problems
With Specific Types of Staff

Type of Staff	Number	Percent[a]
Psychiatrists	23	43
Minority	5	9
Vocational	4	7
Residential	3	6
Nurses	2	4
Mental Health Workers	2	4
Psychologists	1	2

[a]Organization with given problem is a percentage of total organizations reponding. Responses are not mutually exclusive.

Shortage of Psychiatrists

The shortage of psychiatrists, particularly in the public sector, has received much attention in both the literature and public policy. Of the 54 programs surveyed in this study, 23 (43%) reported that either they had problems recruiting psychiatrists--in the cases where the program actually employed psychiatrists--or that their community or the agency from which they received psychiatric services had such a problem. Nine programs (17%) indicated they, or the agency from which they got psychiatric services, had problems keeping psychiatrists once they were hired. It was apparent to the investigator that many programs have become so accustomed to difficulty in getting psychiatric services that the more general questions about recruitment problems do not necessarily bring out the problem with psychiatrists. Furthermore, some programs cannot get psychiatrists at all, or may go for years without one.

The widespread difficulty in recruiting psychiatrists has resulted in the development of some creative approaches to this problem. For example, one program gets psychiatric services through a nearby state hospital. Several programs mentioned contracting with or hiring retired primary care physicians, or less frequently, retired psychiatrists. Quite commonly, rural programs contract for the services of local physicians. Some such programs have given up on ever having a psychiatrist.

Shortage of Minority Staff

Following psychiatry, the next most frequently mentioned recruitment problem was staff who represent, or have adequate background and cultural sensitivity to work with, a particular minority. The five respondents (9%) who mentioned this problem managed programs in which a high percentage of the clients were minority. Each of the five programs was in a different state, with two of the five serving largely Spanish-speaking clients and three serving mostly black populations. Although these programs represent less than a tenth of those surveyed, the problem, where it exists, is certainly a serious obstacle to meeting client needs, particularly where language as well as cultural barriers come into play.

Other Shortage Specialties

Four of the programs surveyed (7%) indicated that they had difficulty recruiting staff with special skills in vocational rehabilitation. In addition, the CSP administrators interviewed frequently complained that vocational rehabilitation agencies seemed disinterested in working with CMI clients. Given the importance of work, not only for the economic well-being of CMI, but in their self-concepts as well, this problem seems to deserve special attention.

Problems with recruiting staff for residential facilities were reported by three programs (6%). In each case, the concern of respondents was with the quality of applicants rather than with their quantity. Programs which operate residential facilities generally have not experienced difficulty in getting numerous applications, but most applicants are neither knowledgeable about nor experienced with the CMI.

Other types of staff which were mentioned by programs as being difficult to recruit included: nurses (2 mentions, 4%); mental health workers (2 mentions, 4%) and psychologists (1 mention, 2%). Obviously these figures are not evidence of serious or widespread recruitment difficulty. One of the two mentions of nursing was a case in which highly trained professionals are generally available, and expectations in terms of experience and training are quite high. The two programs which had trouble getting mental health workers were hampered by unusually low salaries. The single program which had difficulty getting a psychologist was an isolated rural situation in which all staff worked not only with CMI, but with all types of clients. A national search for a psychologist had proven unsuccessful.

Length of Time to Recruit Staff

How long does it take to recruit staff to work in community support programs? As with most other issues considered in this report there is a major distinction between recruitment time for psychiatrists and other types of staff. Table 12 below shows the number of weeks required to recruit staff other than psychiatrists to work with CMI. As the table shows, six weeks is the modal figure for staff recruitment time for non-psychiatrists, with 21 programs (39%) reporting that it takes 6 weeks to fill most vacancies. Note that 49 programs (91%) reported recruitment time of eight weeks or less. Because most of the programs surveyed do not actually hire psychiatrists, but get their services by contract or through the parent organization, recruitment time figures for psychiatrists cannot be accurately reported. It should be noted, however, that many respondents reported psychiatrist recruitment time in months or years and that several of the programs surveyed simply cannot find psychiatrists to work for them at all.

Table 12
Time Required To Recruit Staff
(Non-Psychiatrists)

Time in Weeks	Number of Programs	Percent of Programs[a]	Cumulative Percent
2	2	4	4
3	5	9	13
4	11	20	33
6	21	39	72
8	10	19	91
10	3	6	96
16	2	4	100
Total	54	101	

[a]Percents do not add to 100% due to rounding error.

Retention of Staff on CSPs

Table 13 summarizes retention problems with particular types of CSP staff. As might be expected the shortage of psychiatrists makes psychiatry the most common retention problem. Nine programs (17%) mentioned that they, or the agency from which they received psychiatric services, had problems keeping psychiatrists once they were hired.

Table 13
Number and Percent of Programs
Reporting Retention Problems
With Particular Types of Staff

Type of Staff	Number	Percent[a]
Psychiatrists	9	17
Residential	5	9
Mental Health Worker	3	6
Ph.D. Psychologists	2	4
Administrators	1	2

[a] Organization with a given problem is a percentage of total organizations responding. Responses are not mutually exclusive.

Following psychiatry the next most frequent problem with retention was with personnel working in residential programs, with 5 programs (9%) reporting problems in this area. This does not seem to indicate a severe problem with retaining staff in CSP-operated residential programs. The comments of some administrators whose programs coordinate services with private providers of housing, however, are cause for concern. These providers mentioned frequent turnover and problems with quality of staff, including stories about staff having been in trouble with the law or experiencing serious emotional problems which would make them poor choices for work with the CMI.

Other specific problems with retention included 3 programs (6%) which mentioned difficulty keeping mental health workers; two (4%) which indicated that retaining Ph.D. psychologists was a problem and one program (2%) which had trouble keeping administrators.

All in all, retention of staff does not seem to be a problem of consequence in most CSP programs. So infrequent is the turnover in many programs studied that it was not uncommon for respondents to have trouble remembering when they last hired a staff member or when the last person quit. Some programs had experienced no turnover in more than five years. Indeed, a common concern among respondents was that infrequent turnover due to the state of the economy resulted in a sort of reverse retention problem which could lead to burnout from remaining on the job too long.

Factors Associated With Recruitment/Retention Problems

Objective 2 - To identify factors associated with problems of recruitment and retention of staff providing CSP services.

With the exception of the already well-documented shortage of psychiatrists, this study has found relatively few problems with recruitment and retention of staff in community support programs for the CMI. Nevertheless it seems worthwhile to examine more closely the factors related to recruitment and retention problems where such problems were reported.

Looking first at recruitment, nine programs (17%) in four different states reported general problems with recruitment. Seven of those nine programs were located in two of the ten states studied. Three of the four programs examined in Massachusetts reported recruitment problems. Four of eight programs studied in Oregon reported such problems. The other two programs with general recruitment problems were in Colcrado and Arizona.

Of the nine programs reporting general problems with recruitment, all indicated that for most job openings there are numerous applicants. The problem for these programs is that the applicants lack experience with and knowledge of working with the CMI. Two of these programs also reported that many of their applicants are not really interested in working with CMI and are thinking in terms of doing traditional psychotherapy. On the other hand, two small rural programs, the employees of which must work with CMI and other populations as well, reported getting applicants interested in working with CMI, but being unable to hire them because the program requires generalists.

Another important factor for four of the nine programs reporting general problems with recruitment is inadequate salary and limited career advancement opportunity, particularly for bachelor's-level mental health workers who must earn graduate degrees in order to compete for advancement in the mental health system. Thirty-four (63%) respondents felt their programs offered less than adequate career advancement opportunities for staff. It was frequently pointed out that bachelor's-level staff and non-degree staff were the most severely restricted, even where advancement opportunities were generally good.

Turning to the question of retention, four programs (7%) reported current general problems with keeping CSP staff. Two of these 4 programs were in Arizona; the other two were in Massachusetts. Three were located in relatively rural areas, while the fourth was urban. Interestingly, in three of the four cases

of high turnover and retention problems, respondents minimized the likelihood that burnout from working with CMI was at the heart of the problem. One respondent cited the extreme rurality of the program as the major contributing factor and specifically discounted burnout from CSP work, noting that staff were generalists who worked with all types of problems. Another respondent whose program had problems keeping staff also noted that turnover was not due to working with chronics and blamed program funding as the major difficulty. Another program manager attributed high turnover and retention problems to low staff salaries. In each case, the program managers acknowledged that some staff do burn out and quit as a result, but that more frequently, high turnover and retention problems can be traced to other causes. Staff leave their positions in CSP programs for many of the same reasons people depart from other types of jobs--career advancement, return to school, geographic moves, dismissal for unethical behavior or incompetence, personal problems, retirement, and burnout, to mention the most frequently cited. But burnout in CSP programs does not seem to be a major problem at this time in the vast majority of programs studied--even in those which do have problems keeping staff. Low pay, particularly for bachelor's-level mental health workers, funding problems and rurality would seem to be the factors most closely tied to the most serious retention problems.

In examining the issues of recruitment and retention in the exploratory manner in which this study was conducted, it is important to note that perceptions of what constitute satisfactory rates of retention, appropriate time spent in the recruitment and hiring process, and acceptable minimum standards for staff hired varied greatly from one organization to another. Some administrators, particularly in small programs, report serious disruption whenever one staff person leaves, while other administrators accept as normal a rather high turnover rate. Some administrators consider turnover as desirable and even necessary in order to bring new ideas into the organization. Those who are "stuck" with staff who were hired to do traditional psychotherapy prior to shifts in programmatic emphasis in the direction of serving the CMI would welcome much faster turnover. As pointed out by Eisenhart and Ruff (1981) in their survey of recruitment and retention in mental health facilities in the South, there is no existing standard for evaluating retention success. This investigator would make the same claim for recruitment. One administrator may be delighted to get a staff person who is interested in and committed to working with CMI, while another insists upon an advanced degree and significant experience with CMI as minimum criteria. Needless to say, these expectations vary with the type of responsibility assigned, but

variations in expectations of the individual doing the hiring are quite significant.

Strategies to Prevent Recruitment/Retention Problems

Objective 3 - To identify strategies which have been successful in preventing or reducing recruitment or retention problems.

Four questionnaire items were designed to obtain information about strategies for preventing or reducing recruitment and retention problems:

1. "Please name some incentives you use to try to encourage good prospects to accept jobs in your program."

2. "If there are no problems with recruitment in your program why do you think you have been so successful in recruitment?"

3. "What have you done to try to reduce problems with recruitment?"

4. "What rewards or incentives do you offer to keep good staff people?"

Although the original intent was to code and analyze responses separately for each question, responses overlapped to such an extent that they are presented here as a unit. Table 14 summarizes the responses to these four items. Responses to these questions were open-ended, resulting in a total of 46 different, but not mutually exclusive, response categories.

Table 14
Number and Percent of Respondents
Mentioning Given Incentive For
Recruiting and Retaining CMI Staff

	Number	Percent[a]
Team Approach and Mutual Support	23	43
Training Opportunities	21	39
Nature of Economy	21	39
Innovative Program	18	33
Good Agency Reputation	16	30
Career Ladder	14	26
Flexible Time	12	22
Diverse Job Tasks	11	20
Good Salary and Benefits	10	19
Flexible Program	10	19
Good Leadership	9	17
Hire Only Those Who Want to Work with CMI	9	17
Good Vacation Plan	7	13
Desirable Community	6	11
Employees Given Responsibility	5	9
Outdoor Recreation Opportunity	5	9
Participative Management	5	9
Job Enrichment Freedom	5	9
Involvement of Community	5	9
Compensatory Time	4	7
Dedicated Staff	4	7
Encourage Sabbatical, Dropout and Re-entry	4	7
Excellent Work Environment	4	7
Good Salary Increases	4	7
Generous Sick Leave	4	7
Fun Job	4	7
Small Program	3	6
Security	3	6
Rural Lifestyle	3	6
Non-Traditional Program	3	6
New Program	3	6
Assistance with Moving Expenses	3	6
Inter-Agency Work	3	6
Creative Program	3	6
Expanding Growing Program	3	6
Hands-on, Entry Level Experience	3	6
University Setting	2	4
Good Personnel Policies	2	4

Physically Attractive Community	2	4
Frequent Praise	2	4
Staff Awards	2	4
Informality	2	4
Reasonable Expectations	1	2
Informal Staff Gatherings (Social)	1	2
High Standards	1	2
Employee Assistance Program	1	2

[a]Number of respondents mentioning a particular incentive is expressed as a percentage of total respondents. Responses are not mutually exclusive.

The most frequently mentioned factor in getting and keeping staff was "Team Approach and Mutual Support" (23 respondents, 43%). Program administrators who gave this response indicated that their programs offered employees an opportunity to work as a part of a team and the mutual support which comes from such a program structure. It is interesting to note also that when asked about characteristics which are important for staff who work with the CMI, "Ability to Work as a Member of a Team" was ranked second in importance. Program administrators, then, seem to attempt to hire staff members who will strengthen their "team," both to enhance the direct contribution to the well-being of the CMI, and for the value of teamwork and support in attracting and retaining other good staff.

"Opportunity for In-service Training" was the second most frequently mentioned factor in getting and keeping good staff members (21 responses, 39%). Respondents who mentioned training referred often to opportunities to attend conferences and workshops funded by state HRD and/or CSP programs. Aware that CMI work is a "boom" specialty within the human service field now in the midst of a "bust," several of these respondents expressed concern that when the innovativeness has worn off and special attention now being given to CSP is a thing of the past, money for training will disappear, resulting in burnout and exodus from the field. Training is seen as important for respite and reward as well as for skill building, and program managers do not want to lose it.

Another frequently mentioned incentive is one which can not be manipulated by administrators--the economy. This factor, mentioned 21 times (39%) in response to the question "Why do you think you have been so successful in recruitment?," seems to require little comment. Mental health and human service providers, administrators, teachers and researchers are all too familiar with the problems which result in hundreds of applicants for

some positions. But even in the face of these circumstances, some administrators of programs serving the CMI complain of not being able to get well-qualified applicants with CMI-experience.

Another factor frequently noted (18 mentions, 33%) as influencing staff to sign on and stay with community support programs is their innovativeness. By virtue of the fact that they are community programs for the CMI, all CSP programs are to some extent innovative. Community support programs which go beyond the traditional day treatment approach are still relatively new, and many job seekers or present staff members are stimulated by the idea of being on the cutting edge. As mentioned in relation to training, some program administrators are concerned that when the newness wears off, there may be trouble with recruitment and retention.

The next most often-mentioned factor (16 mentions, 30%) in recruiting and retaining good people was "Agency Reputation." Administrators who mentioned this factor indicated that staff want to work in their agencies because of the quality of work that they do and the resulting good reputation they enjoy with the citizens and with other human service agencies.

"Career Advancement Opportunity" was the sixth most often mentioned incentive for recruiting and retaining staff (14 mentions, 26%); followed by "Flexible Work Schedule" (12 mentions, 22%); "Diverse Job Tasks" (11 mentions, 20%); "Flexible Programs" (10 mentions, 19%); "Good Salary and Benefits" (10 mentions, 19%); "Good Leadership" (9 mentions, 17%) and "Hiring Staff Whose Preference is Working With CMI" (9 mentions, 17%).

Beyond these most often-mentioned incentives for getting and keeping staff CSP programs rely on a wide variety of factors, some of which are inherent in the nature of their community, some describing the organization, some determined by the nature of the job. While Table 14 lists these incentives in order of frequency of mention, Tables 15 to 18 break down this diverse list into Community Factors, Organizational Factors, Personnel Policies and Practices, and Job-Related Factors.

As seen in Tables 15-18, personnel policies and practices (103 mentions) and characteristics of the job (97 mentions) are more frequently pointed out by respondents as incentives for recruitment and retention. General organization characteristics (47 mentions) and community characteristics (39 mentions) are less frequently indicated. The awareness on the part of program administrators of the positive aspects of working with the CMI is an encouraging finding and one would expect that it does much to overcome difficulties in recruitment and retention of staff.

Table 15

Incentives to Retain CSP Staff: Community Factors
Number and Percent of Respondents Mentioning a Given Incentive

Incentive	Number	Percent[a]
The Economy	21	39
Desirable Community	6	11
Outdoor Recreational Opportunity	5	9
Rural Lifestyle	3	6
University Town	2	4
Physically Attractive Community	2	4
Total	39	

[a]Number of respondents mentioning a given incentive is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 16

Incentives to Retain CSP Staff: The Organization
Number and Percent of Staff Mentioning
a Given Incentive

Incentive	Number	Percent[a]
Good Agency Reputation	16	30
Good Leadership	9	17
Participative Management	5	9
Dedicated Staff	4	7
Excellent Work Environment	4	7
Small Program	3	6
New Program	3	6
Expanding, Growing Program	3	6
Total	47	

[a]Number of respondents mentioning a particular incentive is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 17

Incentives to Retain CSP Staff: Personnel Policies, Practices
Number and Percent of Respondents Mentioning Given Incentive

Incentive	Number	Percent[a]
Training Opportunities	21	39
Career Ladders	14	26
Flexible Time	12	22
Good Salary, Benefits	10	19
Hire Those Who Want To Work With CMI	9	17
Good Vacation Plan	7	13
Compensatory Time	4	7
Encourage Sabbatical, Dropout and Re-entry	4	7
Good Salary Increases	4	7
Generous Sick Leave	4	7
Security	3	6
Help With Moving Expenses	3	6
Good Personnel Policies	2	4
Frequent Praise	2	4
Staff Awards	2	4
Informal Staff Gatherings (Social)	1	2
Employee Assistance Program	1	2
Total	103	

[a]Number of respondents mentioning a particular incentive is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 18
Incentives to Retain CSP Staff:
Job Characteristics

Incentive	Number	Percent[a]
Team Approach, Mutual Support	23	43
Innovative Program	18	33
Diverse Job Tasks	11	20
Flexible Program	10	19
Employee's Given Responsibility	5	9
Job Enrichment	5	9
Community Involvement	5	9
Fun Job	4	7
Non-Traditional Program	3	6
Inter-Agency Work	3	6
Creative Program	3	6
Hands-On Experience	3	6
Informality	2	4
Reasonable Expectations	1	2
High Standards	1	2
Total	97	

[a]Numbers of respondents mentioning a given incentive are expressed as a percentage of total respondents. Responses are not mutually exclusive.

Recruitment/Retention Problems in CSP vs. Other Programs

Objective 4 - To determine if CSP staff recruitment and retention problems are greater, less or different than recruitment and retention of staff working with other client groups.

In order to gather information relevant to this objective, the following questions were asked:

1. Is recruitment for CSP/CMI work more or less a problem than recruiting people to work in other aspects of your organization or program? (i.e. outpatient).

2. Is retention for CSP/CMI work more or less a problem than retaining staff in other aspects of your organization or program?

These two items proved very difficult for respondents to answer in an informed manner. In most cases this was because respondents were heads of CSP programs serving the CMI and were not well-informed about recruitment/retention in other parts of their organizations. In other cases, the question made no sense to respondents because their entire organization was a CSP program. Still other respondents answered the questions, but acknowledged having little or no faith in the accuracy of their responses. In some programs, particularly in rural areas, the same providers serve all types of clients, so there is no clear distinction between CSP and the regular outpatient program. Because of these limitations, the answers to these questions appear here as general impressions rather than hard data.

It is the impression of the investigator that at present there is little difference in recruitment or retention problems between CSP and other types of programs. There are, however, exceptions to this generalization. Some organizations seem to experience somewhat greater difficulty recruiting and retaining staff to serve the CMI. Psychiatrists, of course, are very hard for many programs to find, and they do serve primarily the long-term mentally ill. Staff with experience serving the CMI are also hard to find. Where the same staff serve all kinds of clients, as in isolated rural areas, it is certainly not uncommon for staff to prefer to work with the neurotic client rather than the CMI. Other organizations seem to experience more difficulty getting and keeping outpatient staff who serve other populations. This seems related at least in part to the innovative nature of CSP programs, the teamwork concept, the appeal of working with a variety of community agencies, and the diversity of job tasks associated with serving the CMI. For most programs, however, the question of which type of staff is harder to recruit and retain is simply moot, since there are few, if any, recruitment or retention problems for either type of program.

Staff Characteristics Important In Serving CMI

Objective 5--To identify characteristics which program administrators look for in staff who serve the CMI.

In order to determine what staff characteristics are sought by CSP program administrators the following question was asked: "What characteristics do you look for in a good staff member in your program?"

Responses were open-ended. The investigator checked off items from a list of anticipated responses and also wrote down, verbatim whenever possible, responses not reflected in the check

list. A total of 54 different--but not mutually exclusive--responses were coded after collapsing some responses where differences were essentially semantic. These responses are ranked by frequency of mention in Table 19.

As can be seen in Table 19, the most frequently mentioned characteristic (30 responses, 56%) of a good CSP staff member was "Previous Experience at Working With the CMI." It is also significant to note that programs which were experiencing problems in recruitment usually mentioned lack of experience as the nature of the problem.

Table 19
Number and Percent of Respondents
Mentioning Given Characteristic
As Important For Working With CMI

	Number	Percent[a]
CMI Experience	30	56
Team Work	18	33
Commitment to CMI	17	31
Non-Traditional As Therapist	12	22
Flexibility	12	22
Satisfaction with Small Gains	12	22
Knowledge of Symptoms	11	20
Knowledge of Medications	9	17
Knowledge of Community	9	17
Disregard for Office, Desk	7	13
Common Sense	7	13
Relates Well to People	7	13
High Energy	7	13
Hard Worker	7	13
Good Work Skills	6	11
Handles Stress Well	5	9
Self-Starter	5	9
Honesty	5	9
Warmth	4	7
Well Rounded	4	7
Willing to Learn	4	7
Not Role Bound	4	7
Relaxed, Gentle	4	7
Group Work Skills	4	7
Community Agency Experience	3	6
Liked by Clients	3	6
Confidence	3	6
Creativity	3	6
Diverse Skills	3	6
Enthusiasm	3	6
Good Judgment	3	6
Rehabilitation Orientation	3	6
Club House Orientation	3	6
Responsible	3	6
Sense of Humor	3	6
Intelligent	3	6
Knows Treatment Planning	2	4
Not Trying to "Cure" or Save Client	2	4
Openness	2	4
Innovative	2	4

Goal-Oriented	2	4
Compassionate	2	4
Communication Skills	2	4
Confrontation Skills	2	4
Case Work/Case Management Experience	2	4
Not Bureaucratic	2	4
Not Easily Bored	1	2
Handles Anger Well	1	2
Humanistic	1	2
Helping Skills	1	2
Patience	1	2
Perseverance	1	2
Good Role Model	1	2
Spontaneity	1	2

[a] The number of respondents mentioning a particular characteristic is expressed as a percentage of total respondents. Responses are not mutually exclusive.

"Ability and willingness to work as a part of a team," the second most frequently mentioned characteristic for working with the CMI, was mentioned by 18 respondents (33%). Respondents mentioning this item often referred to the contrast between traditional one-on-one psychotherapy and the community atmosphere of the CSP program in which not only other staff, but also clients or "members," as they are called in the clubhouse model, are looked upon as part of a team or community of equals.

The third most frequently mentioned characteristic of a good CSP staff member (17 responses, 31%) was "Commitment to the CMI." Respondents mentioning this item often stressed that an advanced degree in mental health discipline is not adequate and may even interfere with serving the CMI, particularly if what the staff person really wants to be doing is the more traditional talk therapy with less seriously disabled clients. Respondents pointed out that given the state of the economy, it is common for mental health professionals or other human service workers to take whatever job is available and that the growth in services to the CMI brings out many applicants whose real commitment is not to the chronic client.

The fourth most frequently mentioned characteristic, "Non-traditional as a Therapist," was mentioned by 12 respondents (22%). This characteristic once again underscores the CSP emphasis on psycho-social rehabilitation in contrast with one-on-one psychotherapy, which though needed as a part of a total

system of services, is not in itself adequate for the schizophrenic client.

"Flexibility" was the next most frequently noted characteristic of a good CSP staff member with 12 mentions (22%). While this characteristic has perhaps a less specific meaning than previously mentioned items, it seems to be associated with the need to be ready to deviate from planned activities in order to handle crises, with interest and skill in a wide variety of program activities, and with the capacity to call upon a wide variety of behavioral and communication alternatives in a situation where everything which happens is a part of treatment.

Also receiving 12 mentions (22%) was "Satisfaction with Small Gains," which refers to the chronic client's slow rate of improvement and frequent regressions and the need for staff to accept these limitations in their clients.

"Knowledge of Symptoms" with 11 mentions (20%), "Knowledge of Medications," with 9 mentions (17%) and the "Knowledge of the Community" with 9 mentions (17%) followed. Cultural knowledge of the community was deemed particularly important where programs serve minority groups or where ethnicity is an important factor in community life.

Hard work, high energy, common sense, maturity, skill at relating to people and disregard for such "professional" perquisites as a desk and private office were the next most frequently mentioned characteristics with 7 mentions each (13%).

A useful and enlightening approach to examining the characteristics important for working with the CMI is the schema used by Davis (1981) in an inventory of characteristics generated by a panel of experts appointed at the request of state human resource development programs in the western states to develop a framework for addressing HRD issues in treatment of the chronically mentally ill in the community. Davis categorized the characteristics generated by the panel as (1) Knowledge, (2) Skills and Abilities, (3) Attitude and Personality Characteristics. Adding to these three categories a fourth one--"Experience"--it is possible to categorize the diverse characteristics mentioned by respondents in the present study. Tables 20-23 classify responses in this way, indicating the number of responses and percent of respondents who mentioned each characteristic.

Table 20
Number and Percent of Respondents
Mentioning Certain Knowledge
Important for Working With CMI

Knowledge	Number	Percent[a]
Symptoms	9	17
Medications	9	17
Community	7	13
Rehabilitation	3	6
Clubhouse Model	3	6
Treatment Planning	2	4
Total	33	

[a] The number of respondents mentioning a particular area of knowledge is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 21
Number and Percent of Respondents Mentioning Certain Skills and Abilities Important for Working With CMI

Skill/Ability	Number	Percent[a]
Teamwork	18	33
Satisfaction with Small Gains	12	22
Relates Well to People	7	13
Good Work Skills	6	11
Handles Stress Well	5	9
Group Work	4	7
Liked By Clients	3	6
Creativity	3	6
Diverse Skills	3	6
Innovative	2	4
Goal-Oriented	2	4
Communications	2	4
Confrontation	2	4
Handles Anger Well	1	2
Helping	1	2
Good Role Model	1	2
Total	72	

[a]The number of respondents mentioning a particular skill or ability is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 22
Number and Percent of Respondents
Mentioning Certain Attitude/Personality
Characteristics Important for Working With CMI

Attitude/Personality Characteristics	Number	Percent[a]
Commitment to CMI	17	31
Flexibility	12	22
Non-Traditional Therapist	12	22
Common Sense	7	13
Disregard for Desk, Office	7	13
High Energy	7	13
Hard Worker	7	13
Self-Starter	5	9
Honesty	5	9
Warmth	4	7
Not Role-Bound	4	7
Well-Rounded	4	7
Relaxed, Gentle	4	7
Willing to Learn	4	7
Confidence	3	6
Enthusiasm	3	6
Good Judgment	3	6
Responsible	3	6
Sense of Humor	3	6
Intelligent	3	6
Openness	2	4
Compassionate	2	4
Not Trying to Save Client	2	4
Not Easily Bored	1	2
Patience	1	2
Perseverance	1	2
Spontaneity	1	2
Humanistic	1	2
Total	130	

[a]The number of respondents mentioning a particular attitude/personality characteristic is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Table 23
Number and Percent of Respondents Mentioning Certain Experience Important for Working with CMI

Experience	Number	Percent[a]
CMI Experience	30	56%
Community Agency Experience	3	6%
Case Work/Case Management Experience	2	4%
Total	35	

[a]The number of respondents mentioning particular experience is expressed as a percentage of total respondents. Responses are not mutually exclusive.

Examining the responses according to this schema reveals the significance of attitudes, values, and personality characteristics as criteria for staff who serve the CMI. Commitment to CMI, Flexibility, Non-Traditional as a Therapist, Common Sense, Disregard for Desk and Office, Hardworking, all of which rank high in frequency of mention, while they may imply certain skills and knowledge, seem much more to be indicators of attitudes, values, and personality characteristics.

Of a total of 270 responses 130 (48%) fall into the category which this investigator has chosen to label Attitudes and Personality Characteristics. Skills and abilities such as Teamwork, Satisfaction with Small Gains, Relating Well to People, Handling Stress, and Working well with Groups make up 72 (27%) of the 270 responses, and knowledge of such things as symptoms, medications, and the culture and structure of the community totaled only 33 (12%) of the total responses. Whether the numerous skills, abilities, and knowledge which are needed in working with the CMI were taken for granted by these respondents, or whether they are simply not seen as being quite as important as attitudes and personality characteristics is not known, but these skills, abilities, and knowledge are far less frequently mentioned.

Whether or not a particular degree is important in work with the CMI deserves special comment. Thirty-two respondents (59%) made no mention of a degree as important for working in their programs; 22 respondents (41%) said they felt that some type of degree was important. The issue is quite complex. First, it must be borne in mind that in an open-ended format, some

respondents simply forgot to mention a degree or took it for granted. Some mention a degree only because it is required by law or regulations for program accreditation or at some point in the history of a program was written into minimum job requirements. Other program directors feel strongly that only staff with a degree, even a masters or Ph.D., are prepared for working with the CMI. These administrators cited the need for knowledge of psychodynamics and psychopathology as well as the importance of knowing medications and emergency techniques, which non-degree staff usually do not possess. Another consideration in the issue of educational preparation is that several of the programs studied, particularly those in rural areas, serve not only the CMI, but anyone who walks in with a mental health problem. They must have staff available who can meet these varied needs. As a general rule, this means a minimum requirement of a master's degree.

One final comment on degrees. Of those respondents who indicated that a degree is important in serving the CMI, there was not total agreement on the type of degree. Some said an associate, others a bachelors, still others a graduate degree. Some favored social workers, some preferred nurses, still others lean toward psychologists. The issue of the need for a degree as a requisite for working with the CMI is a tangled one, but it seems that most programs lean more towards certain experience, knowledge, skills, attitudes and values than formal degree requirements when selecting staff.

CSP Staff Recruitment Methods

Objective 6--To identify methods which programs use to recruit staff and to determine which of these seem most effective and most preferred.

In order to determine what methods programs use to recruit staff the following question was asked: "We would like to know the methods your program has used in recruiting staff to serve the CMI. Please indicate those you have used."

Responses were open-ended, and the investigator checked off responses from a list of possibilities. Table 24 lists the methods used to recruit staff in order of frequency of use.

Table 24
Number and Percent of Respondents
Mentioning Given Method for
Recruiting CMI Staff

	Number	Percent
Local Newspapers	51	94
Personal/Professional Contacts	43	80
Statewide Newspapers	30	56
Campus Contacts	21	39
National Newspapers	18	33
Students	16	30
Professional Journals	9	17
State/County Personnel System	9	17
In-house	5	9
Clients	1	2

As can be seen in Table 24, local newspapers, the medium mentioned most frequently by respondents, were used by 51 of the 54 programs (94%). Personal or professional contacts, the second most frequently used medium, were mentioned by 43 respondents (80%). The third most commonly used medium was other in-state newspapers, used by 30 programs (56%). Campus contacts such as visits, calls, special announcements were reportedly used by 21 programs (39 percent), while newspapers beyond the home state were used by 18 programs (33%). Programs which used national newspapers reported usually doing so in order to attract psychiatrists, psychologists or masters-level social workers, rather than bachelors-level or below mental health workers. National advertising was usually associated with special recruitment problems, whether occasional or chronic. In some cases national recruitment was used by programs which were heavily committed to a professional (post-bachelors) model for providing services but find it hard to attract and keep such staff easily due to extreme rurality.

Also of interest is the fact that only 5 programs (9%) reported making special recruitment efforts in-house. While this may be due to respondents simply neglecting to mention such efforts in the open-ended interview format, or to the small size of some programs rendering special in-house announcements unnecessary, it might reflect in some cases inadequate attention to career ladder opportunities for staff.

It is worthy of note that only one program reported using clients in the recruitment process. Several programs, however,

reported using clients in the screening and/or interview stages of hiring.

In order to determine which recruitment methods were most useful or preferred, the following question was asked: "What methods have been most successful in recruiting good staff members?"

Table 25 reports, in order of frequency of mentions, those methods which respondents felt were most successful in recruitment. As can be seen in Table 25 personal and professional contacts were found to be most successful by 38 respondents (70%); local newspapers were seen as successful methods by 25 programs (46%); state newspapers were viewed by 16 respondents (30%) as successful recruitment media; and direct student contacts were viewed as successful by 15 respondents (28%).

Table 25
Number and Percent of Respondents Indicating Success of a Given Recruitment Method

	Number	Percent
Personal Professional Contacts	38	70
Local Newspapers	25	46
Statewide Newspapers	16	30
Students	15	28
National Newspapers	6	11
In-house	5	9
Campus Contacts	4	7
State/County System	3	6
Professional Journals	2	4
Clients	0	0

It is revealing to examine reported successful methods of recruitment in relation to reported use of those methods. Table 26 reports, of those who used each recruitment method, the percentage who reported it as successful.

Table 26
Number of Users Reporting Use and
Successful Use of Given Recruitment Methods

	Users	Reported Success	Percent of Users Reporting Success
In-house	5	5	100
Students	16	15	94
Personal/Professional Contacts	43	38	88
Statewide Newspapers	30	16	53
Local Newspapers	51	25	49
National Newspapers	18	6	33
State/County System	9	3	33
Professional Journals	9	2	22
Campus Contacts	21	4	19
Clients	1	0	0

Table 26 shows very high levels of satisfaction with in-house recruitment (100%), direct recruitment of students who have had internships or field experience in a program (94%), and personal or professional contacts (88%). All of these are methods by which the CSP program gets first-hand (in the case of students and in-house) or second-hand (in the case of personal or professional contacts) - information about actual performance on the job as contrasted with reliance upon letters, resumes or reports of friends of the applicant.

Also of interest is the dissatisfaction of those respondents who reported being required to go through a state, county, or city personnel system or who used national newspapers, campus contacts (other than those known personally), and professional journals to recruit applicants. Only 3 of the 9 (33%) respondents who used a government personnel system saw it as successful in recruiting good staff. Problems mentioned with these public systems include bureaucratic delay and the necessity to consider vast numbers of applicants who do not measure up to the needs and expectations of program administrators. National newspapers, used by 18 respondents, were seen as successful by only 6 (33 percent). Campus contacts other than students or professors known personally or professionally by someone in the service program were seen as useful by only 4 (19 percent) of the 21 programs which reported using such methods. Professional journal ads had been used by 9 programs, but found successful by only 2 (22 percent). The single program which reported using clients in recruiting staff did not find it useful.

SUMMARY OF FINDINGS

This study has explored a wide range of issues and problems related to recruiting and retaining staff who work in community support programs for the chronically mentally ill. The major findings of the study are:

(1) Except for psychiatry, serious problems with recruitment and retention of staff to serve the chronically mentally ill are few; the economy has seen to that. Nevertheless, there is a problem for some programs in finding staff experienced in working with the CMI.

(2) Not surprisingly, psychiatrists are difficult both to recruit and retain. This problem is more serious in rural areas, but even relatively desirable locations can have a shortage of psychiatrists who are willing to work as a part of a psychosocial rehabilitation program.

(3) Staff for residential facilities are not hard to recruit but are harder to retain and are sometimes poorly prepared for the job.

(4) Programs with minority and non-English speaking clients have problems getting staff who represent, or have adequate background and cultural sensitivity to work with, a particular minority.

(5) Some programs find it difficult to hire vocational rehabilitation specialists with an interest in the CMI. CSP program administrators frequently complain that vocational rehabilitation agencies seem disinterested in working with mentally ill clients.

(6) Mental health professionals and human service generalists now seem to be selecting themselves into or out of working with the chronically mentally ill based upon their own interests and skills rather than merely bending to fit new agency priorities. This has a tendency to reduce turnover due to job dissatisfaction.

(7) A high retention rate imposed by the economy has led to low promotion and job mobility opportunities and in some programs burnout, particularly where working with CMI was not the staff member's first job choice.

(8) The staff selection criterion most frequently mentioned by CSP program directors is "Experience with the CMI," and for many programs, this experience is hard to find. Other frequently mentioned criteria include "Teamwork," "Non-Traditional as a Therapist," "Flexibility," "Satisfaction with Small Client Gains," Knowledge of Symptoms," "Knowledge of Medications," "Energy," "Hard Worker," Relates Well to People," "Cultural Knowledge of the Community," "Common Sense," "Disregard for Desk, Office and Other Status Symbols," and "Maturity."

(9) When CSP program directors were asked what incentives their programs offered to get and keep good people, "Mutual Support and Teamwork" was the most often mentioned. This was followed by "Training," "Program Innovativeness," "A Good Agency Reputation," "Career Ladders," "Flexible Work Schedules," "Diverse Job Tasks," "Flexible Program," "Good Leadership," and "Hiring Only Those Who Really Want to Work with CMI."

(10) Local newspapers, personal or professional contacts, in-state newspapers, and campus visits were in that order the most frequently used recruitment methods. But among those who used a particular recruitment method the greatest satisfaction was found with direct contacts with students involved in internships and field placements, followed by personal/professional contacts. Satisfaction with campus contacts (job placement offices, impersonal contacts with academic schools/departments) was rated quite low.

RECOMMENDATIONS

This section presents recommendations to higher educators, state-level policy-makers, and local CSP program administrators based upon the findings of the investigation.

Local CSP Administrators

1. This study has identified a large number of criteria for staff recruitment and selection criteria for staff working with the CMI. Attention to these criteria should result in selection of staff better suited to CSP work and therefore more likely to stay on the job for a longer period of time.

2. While no program can realistically offer all the incentives which respondents in this study deemed important for getting and keeping good staff, attention to these incentives should result in being better able to get and keep good employees. Inattention to these incentives, conversely, might be expected to result in less successful recruitment and more frequent turnover and burnout.

3. Program administrators interviewed in this study identified a number of successful methods of recruiting CSP staff. Programs experiencing difficulty recruiting the kinds of staff they might want find that using these methods results in greater recruitment success.

4. Staff for residential programs are not hard to recruit but turnover of staff in some programs is a problem. Other programs in this study reported that the private providers of such services have serious retention problems as well. This difficulty might be alleviated by improving training and support for residential staff, be ensuring that such staff have opportunities for advancement whenever possible.

State-Level Planners and Administrators

1. In response to the need for job applicants with training and experience specific to working with the CMI in community settings, state-level HRD and CSP staff in some states are working to improve collaboration between local CSPs and academic programs preparing students for work in mental health. States which have not begun to forge collaborative links could almost certainly benefit from initiating such efforts.

2. Most states in this study have used federal CSP and/or HRD dollars to support training for CSP staff. This training not only develops skills, but also serves to reduce the burnout syndrome which seems so pervasive in the human services. Although it is difficult to maintain such training on state dollars when CSP and HRD money is no longer available, the emphasis which respondents in this study have placed on in-service training as a factor in reducing or preventing retention problems and burnout is a powerful argument for maintaining training programs on state funds whenever possible.

3. The investigator was surprised to find in discussions with state-level CSP and HRD administrators how few of them had factual knowledge regarding recruitment or retention problems in CSP programs in their states. Many states apparently could benefit from formal studies or informal inquiries to examine the extent and nature of recruitment and retention problems in local CSPs.

4. The problem of retention and reward for residential staff, alluded to in recommendations to local CSP administrators above, might be a common enough issue to be the subject of state or regional learning conferences. Some states might consider the appointment of task forces to examine the issue, perhaps in combination with related housing issues for CMI.

University Educators and Researchers

1. This study has explored recruitment and retention in community support programs from the perspective of program administrators. Further research on recruitment and retention from the perspective of present and/or former staff members would be enlightening. Some potential lines of inquiry for such research include:

   a. What are the perceptions of staff as to the most important knowledge, skills and attitudes for serving the CMI?

   b. What are the problems and rewards associated with working with CMI and how does this relate to turnover and burnout?

   c. What changes in organizations and/or jobs would be most effective in reducing turnover and burnout?

2. While there are more than enough applicants for most CSP jobs (excluding psychiatry), it is a common complaint that applicants do not have experience with or knowledge about the CMI. College and university courses and field experiences which provide this knowledge are greatly needed in the mental health related disciplines.

3. Trained personnel who know both vocational rehabilitation and principles of working with the CMI would be valuable assets to many local community support programs. While there is probably not enough demand to warrant development of specialized courses or programs in this area, university training programs in vocational rehabilitation, social work and other related disciplines should look for ways to give students learning experiences which strengthen their capacity to help CMI to prepare for, find, and do work appropriate to their abilities.

4. This study found that some programs which serve large numbers of minority CMI have difficulty recruiting minority staff. This is particularly true where facility in a language other than English is called for. Additional research is needed to clarify the extent of this problem and the reasons behind the difficulty. Greater effort on the part of faculty to encourage minority students to enter the field would also be useful.

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APPENDIX A

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APPENDIX C

RECRUITMENT AND RETENTION STUDY
STATE-LEVEL CSP/HRD QUESTIONNAIRE

1. Could you tell me about the relationship between the human resource development (manpower) program and the CSP program in your state?

2. Have there been any studies of human resources for CSP in your state? If there are such studies, could you send me a copy?

3. Do you have any data or impressions regarding recruitment and retention problems in CSP programs in your state?

   a) Can you give me the names of local CSP sites which have recruitment or retention problems?

   b) Which discipline or CSP components are affected?

   c) What factors seem to account for problems?

4. What do you think are important factors in CSP facilities which do not have recruitment/retention problems?

5. Do you know of any strategies developed by the HRD or CSP programs which have prevented or reduced recruitment/retention problems?

6. Does your state have any plans to address such problems?

7. Could you give me the names and addresses of contact persons in local CSP sites which would be of particular interest for this study? We need about five or six sites.

APPENDIX D

CSP RECRUITMENT/RETENTION STUDY
LOCAL PROGRAM QUESTIONNAIRE

1. Please indicate the name, address and phone number of your organization.

Name_____

Address_____

_____

Phone_____

2. Please indicate the name, title, and discipline of the person completing this questionnaire.

Name_____ Title_____

Discipline_____

3. Does your program operate as part of a larger organization (i.e. mental health center, hospital, or mental health association)?

Yes____ No____ If yes, please note type of organization.

_____

4. How many full-time staff members are employed in your program?

Total_____

By discipline:

Social Workers ____
Psychologists ____
Nurses ____
Counselors ____
Psychiatrists ____
Secretaries/Clerical ____
Other ____

5. How many part-time staff members are employed in your program?

Total____

By discipline:

Social Workers ____
Psychologists ____
Nurses ____
Counselors ____
Psychiatrists ____
Secretaries/Clerical ____
Other ____

6. What is the total number of chronically mentally ill (CMI) clients your program served during the last reporting period?

_____

7. Which of the following services are offered as a part of your program?

Case management
Training in daily living skills _____
Services to improve employability _____
Residential care (transitional or long-term) _____
Outreach _____
Medical care _____
Mental health care _____
Transportation _____
Support for family _____
Help with securing benefits, entitlements _____
Help with client rights _____
24-hour quick-response crisis assistance _____

8. We would like to know some of the methods your program has used in recruiting staff to serve the CMI. Please indicate those you have used.

Local newspaper ads _____
Statewide newspaper ads _____
Regional or national newspaper ads _____
Professional journal ads _____
Visits to college campuses _____
Personal or professional contacts _____
Employment agencies _____
State merit system _____
Other (specify) _____

9. What methods have been most successful in recruiting good staff members?

1. _____

2. _____

10. Please name some incentives you use to try to encourage good prospects to accept jobs in your program.

_____

_____

_____

11. What characteristics do you look for in a good staff member in your program?

A particular degree _____

Intelligence ____
High energy ____
Direct CMI experience ____
Knowledge of the community ____
Ability to involve CMI in activities ____
Knowledge of medication ____
Knowledge of symptoms ____
Other (specify)

_____

12. Do you have any difficulty in recruiting staff for your program?

Yes____ No____

13. If there are no problems, why do you think you have been so successful in recruitment?

_____

14. If there is a problem, what types of staff seem to be difficult to recruit?

By discipline

Nurses ____
Social workers ____
Psychologists ____
Mental health workers ____
Psychiatrists ____
Administrators ____
Other (specify)_____

By CSP component

Case management ____
Training in daily living skills ____
Services to improve employability ____
Residential care ____
Physical health care ____
Mental health care ____
Outreach ____
Transportation ____
Support for family ____
Help in getting benefits ____
Stimulating involvement in the community ____
Help with client rights ____
24-hour crisis assistance ____

15. If you have problems with recruitment we would like to get some sense of the reasons for these problems. Please indicate the reasons why you think you have problems.

Rural location ____
Low salaries ____
Disinterest in work with CMI ____
Poor morale in organization ____
Lack of trained people ____
People are attracted to better paying jobs ____
Low agency priority on working with CMI ____
Work with CMI has low prestige ____
Little opportunity for advancement ____
Few employee benefits ____
Other (specify)_____

16. How long does it usually take to recruit a staff member, from the time you know of a vacancy until you get a position filled?

Nurses ____
Social workers ____
Psychologists ____
Psychiatrists ____
Mental health workers ____
Other (specify)_____

17. Can you tell me how long your program has been in existence?

_____

18. Have there been changes in regard to difficulty in recruitment since your program began? If so, what do you think caused the changes?

_____

19. Have you had to change expectations for the kind of staff you can hire since you have been in the program? Why?

_____

20. What have you done to try to reduce problems with recruitment?

21. Is recruitment for CSP/CMI work more (or less) a problem than recruiting people to work with other aspects of your program (i.e. outpatient)?

22. Let's talk now about retention, ...Do you have problems keeping staff once they are hired?

Yes____ No____

23. If there is a problem, what kinds of staff are a retention problem?

24. What do you think are the reasons for problems with retention?

25. What rewards or incentives do you offer to keep good staff people?

26. What can you say about career advancement opportunities for different types of staff in your program?

27. Is retention for CSP/CMI work more a problem than retaining staff in other types of programs?

28. In the past year, what reasons have staff given for leaving?

29. Have there been changes in level of turnover (problems with retention) during the life of your program? What changes? Why?

30. Do you have written job descriptions and qualifications for jobs in your program?

Could you send me a copy?